

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

CENTER FOR DISEASE CONTROL
ATLANTA, GEORGIA

SUMMARY MINUTES OF MEETING

February 5-6, 1976

The Immunization Practices Advisory Committee met in Atlanta, Georgia, February 5-6, 1976.

COMMITTEE MEMBERS PRESENT

Dr. David J. Sencer, Chairman
Dr. H. Bruce Dull, Executive Secretary
Dr. E. Russell Alexander
Dr. Lonnie S. Burnett
Dr. William R. Elsea
Dr. Eleanor G. Shore
Dr. Reuel A. Stallones

Ex Officio

Dr. Bennett R. Elisberg, FDA, DHEW (For Dr. Harry Meyer)

Liaison (American Academy of Pediatrics)

Dr. Samuel Katz

COMMITTEE MEMBERS ABSENT

Dr. Elizabeth Barrett-Connor
Dr. E. Charlton Prather

CONSULTANTS

Dr. Alexander D. Langmuir, Harvard Medical School
Dr. Joseph L. Melnick, Baylor University College of Medicine
Dr. Paul F. Wehrle, County of Los Angeles General Hospital

OTHERS PRESENT

Dr. Jonas Salk, The Salk Institute (Thursday, February 5)
Dr. Saul Krugman, New York University School of Medicine (Friday, February 6)

STAFF PRESENT

Bureau of Epidemiology: Dr. Philip Brachman
Dr. John Bryan
Dr. Walter Creech
Dr. Michael Gregg
Dr. Michael Hattwick

Bureau of Laboratories: Dr. Roslyn Robinson
Dr. Walter Dowdle
Dr. Alan Kendal
Dr. James Nakano
Dr. Gary Noble

Bureau of State Services: Dr. John Witte
Dr. Lyle Conrad

The meeting was called to order at 8:30 a.m. by Dr. David J. Sencer, Director, Center for Disease Control, the Committee's regular Chairman. He welcomed Committee members and the special consultants and guests to the meeting.

Being the last regular meeting in which Drs. Shore and Prather will participate, he thanked them for their considerable help and indicated an interest in their possible ad hoc consultation in the future.

Poliomyelitis

The entire first day of the IPAC meeting was devoted to intensive discussion of poliomyelitis and inactivated and live, oral vaccines. General review of the occurrence of poliomyelitis in the United States emphasized the remarkable decline in paralytic disease following general use of inactivated vaccine and later of the oral antigen. From many thousands of cases reported annually in the mid-1950's, the number has been consistently less than 10 in recent years. In 1975, preliminary data indicate that the final number of paralytic cases will be between 6 and 8.

In spring 1975, a CDC expert panel reviewed all polio cases occurring in 1969-74 and recommended that future reporting of polio be in four categories: 1) epidemic cases; 2) imported cases; 3) endemic cases, noting whether vaccine-associated or non-vaccine-associated; and 4) immune deficiency cases. The panel further recommended all reasonable efforts to detect previously unreported cases such as those which might be identified through surveys of rehabilitation centers, chronic disease hospitals, and orthopedic clinics.

Dr. Jonas Salk, special guest of the meeting, reviewed characteristics of inactivated polio vaccines and characterized products currently in use in other countries and those used in the U.S. in the 1950's and early 1960's.

There was general agreement that these vaccines were potent, effective, and safe, and induced pharyngeal resistance to poliovirus multiplication and some reduction of GI tract virus replication. Dr. Salk emphasized that this pattern of immunity was particularly applicable to reduced spread of poliovirus under the epidemiologic conditions where oral-oral spread appears to predominate. It was pointed out, however, that in the more crowded inner city areas where enteric-oral spread of enteroviruses is common, OPV, which produces considerable GI tract resistance to poliovirus replication, is more effective in reducing polio transmission.

With respect to need for booster doses of IPV, Dr. Salk emphasized the hyperreactive state induced by primary vaccination with IPV which persists for many years and is conceivably lifelong. He suggested that the commonly recommended 2-3 year doses of IPV are probably excessive. It was urged that data be accumulated from all available sources to show the persistence of immunity with IPV.

Data were presented which indicated that in some urban inner city populations, serologic evidence of polio immunity to all three poliovirus types was higher than expected from immunization histories. These data were interpreted to suggest the immunizing effects of vaccine virus spread under conditions of close personal contact. Some Committee members suggested this to be a benefit of OPV in achieving better polio protection in hard-to-reach populations.

A draft revision of the IPAC recommendation on poliomyelitis was discussed in detail. It was recommended that the draft be modified fully to portray IPV and OPV with regard to their relative benefits and risks, their potential public health and private medical application, and their recommended patterns of use. Committee members and consultants were urged to send comments prior to revision and redistribution of a draft.

Influenza

Surveillance of influenza in the U.S. indicates relatively widespread type A/Victoria virus activity. Most outbreaks and epidemic conditions are reported from the New England and the Middle-Atlantic Regions. Only in the New England Region is there evidence of excess mortality at this time. Type B influenza viruses have been seen in scattered parts of the United States, generally causing only individual or small clusters of cases.

Internationally, A/Victoria is clearly the predominant epidemic strain, although several other relatively distinctive type A viruses have been characterized in association with limited numbers of cases or localized outbreaks. In general, it is expected that A/Victoria will be the prevalent strain for the 1976-77 influenza season and is, therefore, the best type A candidate antigen for vaccines. This viewpoint is concurred in by those recommending this country's vaccine formulation for next season.

The current draft of a proposed joint statement with the Committee on Hepatitis of the National Research Council/National Academy of Sciences was reviewed prior to final editing and publication. Committee comments were solicited beyond those presented at the meeting. It is hoped that publication as a supplement to the Morbidity and Mortality Weekly Report will occur in the late winter.

The Committee encouraged consideration of regular immunity review among preadolescent females and vaccination of those previously unimmunized. It reemphasized a previous recommendation for increased immunization program effort to identify susceptible adolescent girls and women and carry out their safe immunization.

The regular spring meeting of the IPAC was scheduled for May 6-7, 1976. That meeting will include the annual influenza review and formulation of vaccine recommendations.

I hereby certify that, to the best of my knowledge, the foregoing summary of minutes is accurate and complete.

David Lerner 2/25/76
Chairman Date